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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SOFT-0009
First Named Inventor	RICH
COMPLETE IF KNOWN	
Application Number	/
Filing Date	4 October 2000
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FORMULATION AND DELIVERY METHOD TO ENHANCE
ANTIOXIDANT POTENCY OF VITAMIN E**

the specification of which **(Title of the Invention)**
 is attached hereto
OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or Inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/168,199	30 November 1999	<input type="checkbox"/>
60/214,481	27 June 2000	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

TOTAL P.02

 I hereby declare that I have read the above and thatApproved for use through 02/01/03. GPO: 2001-002
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
A valid DMB control number.

PTO/SB/16 (12-97)

DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(d) of any PCT International application designating the United States of America, listed below and, further, as the earliest date of each of the claims of this application is not claimed in the prior United States or PCT International application in the manner provided by the first sentence of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 35 U.S.C. 132 which becomes available between the filing date of the prior application and the earliest of PCT International filing date of this application.

U.S. Parent Application or PCT Parental Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As it is my understanding, I hereby certify the following registered practitioner(s) to prosecute this application and to conduct all business in the Patent and Trademark Office connected therewith: Customer Num bar **24046** → Practice Customer Number Bar Code Label

Name	Registration Number	Name	Registration Number
George W. Finch	25,113		

Additional practitioner(s) named on supplemental Registration Practitioner Information sheet PTO/SB/02C attached hereto.

Check all correspondence to: Customer Number or Bar Code Label **24046** OR Correspondence address below

Name	George W. Finch		
Address	1620 26th Street, Suite 6000, North Tower		
City	Santa Monica	State	CA
Country	Telephone	(310) 315-8234	ZIP 90404-404
	Fax	(310) 315-8210	

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the best knowledge that could then be obtained and that such oaths are sufficient by law or regulation, or both, under 35 U.S.C. 101 and that such oaths shall constitute the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (last name middle initial)		Family Name or Surname	
Mel		RICH	
Inventor's Signature	<i>Melvin Rich</i>		
Residence: City	McLULLE	State	NY
Post Office address	15 Tuxedo DR.		
Post Office address	McLULLE N.Y.		
City	McLULLE	State	NY
	Zip	11747	Country USA
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventors sheet(s) PTO/SB/02A attached hereto.			

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PTO/SB/02A (3-97)
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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3		
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
RONALD G. <i>Ronald G. Udell</i>			<i>UDELL</i>		
Inventor's Signature	<i>Ronald G. Udell</i>			Date	10/4/00
Residence: City	Beverly Hills	State	CA	Country	USA
Post Office Address					
Post Office Address	527 Hillgreen Drive				
City	Beverly Hills	State	CA	ZIP	90212
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
SIVA <i>Siva P.</i>			<i>HARI</i>		
Inventor's Signature	<i>Siva P.</i>			Date	10/4/00
Residence: City	Riverside	State	CA	Country	USA
Post Office Address					
Post Office Address	3407 Sunnyside Drive				
City	Riverside	State	CA	ZIP	92506
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State	Country		Citizenship
Post Office Address					
Post Office Address					
City		State	ZIP		Country

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named		
Inventor:	Mel Rich	
Appln. No.:	09/680,042	
Filed:	October 4, 2000	Examiner:
Title:	Formulation and Delivery Method to Enhance Antioxidant Potency of Vitamin E	Group Art Unit: 1615

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this document is being sent via First Class U.S. mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 14 day of July, 2003.


(Signature)

Sir:

In the above-referenced patent application, on behalf of Soft Gel Technologies, Inc., I (we) hereby revoke(s) all previously-filed powers of attorney and appoint the Dorsey & Whitney LLP attorneys and agents associated with Customer Number 25763 to prosecute the patent application identified above and to transact all business in the Patent and Trademark Office connected therewith, including full power of association, substitution, and revocation.

Please address all telephone calls to: Scott D. Rothenberger at (612) 340-8819

Please address all correspondence to Scott D. Rothenberger at the address corresponding to Customer Number 25763, currently:

DORSEY & WHITNEY LLP
Intellectual Property Department
Suite 1500
50 South Sixth Street
Minneapolis, Minnesota 55402-1498

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of Soft Gel Technologies, Inc.

Dated: 7-11-03

Signature: Ronald Udell
Name: Ronald G. Udell
Title: President



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/680,042	10/04/2000	Mel Rich	SOFT-0009

AUG 01 2003

CONFIRMATION NO. 1340

25763
 DORSEY & WHITNEY LLP
 INTELLECTUAL PROPERTY DEPARTMENT
 50 SOUTH SIXTH STREET
 MINNEAPOLIS, MN 55402-1498



OC000000010588797

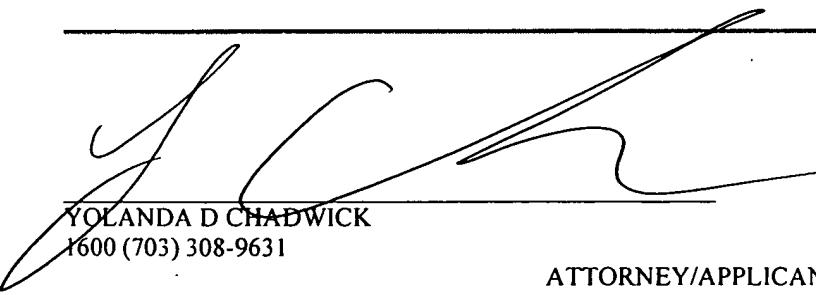
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Date Mailed: 07/29/2003

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 07/17/2003.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.


 YOLANDA D CHADWICK
 1600 (703) 308-9631

ATTORNEY/APPLICANT COPY

DKJ
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